SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State Aug 07 1996 8:00 am 1996 DIVISION OF CORFORATIONS Secretary of State **DOCUMENT #** K90825 (6)SUNNY ISLES FOOD & BEVERAGE, INC. Principal Place of Business Mailing Address 3365 N. FEDERAL HWY. 3365 N. FEDERAL HWY. FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 3a. Date of Last Report 3. Date Incorporated or Qualified 05/25/1989 02/22/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0124582 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution Country Zip 8. This corporation has liability for intangible tax under s. 199 033 30 Fiorida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Lirot, Luke Charles LIROT, LUKE CHARLES 2000 MAGNOLIA DRIVE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER 34624** 112 East Street Suite B Tampa 33602 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent and title if applicable (NOTE: Folgestated Age: Esignature required when reinstation) (96/8)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 Hite CR2E034 CHURCH, LAWRENCE 1.2 NAMÉ NAME 3365 N FEDERAL HWY 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 City - ST ZIP DEL É 16 Change Addition 2 CTITLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS City - ST - ZIF DELETE 3.1 TITLE Change [] Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS Change Addition DELETE TITLE 4.1 111LE 4 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS Change Addition DEFELE 51 Tillet NAME 5.3 STREET ADDRESS STREET ADDRESS Change Add-tion DELETE 6.1 THE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.